



**State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030**

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CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	New Britain General Hospital	
Doing Business As		
Name of Parent Corporation	Central Connecticut Health Alliance	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	100 Grand Street New Britain, CT 06050	
Applicant type (e.g., profit/non-profit)	Non-Profit	
Contact person, including title or position	Claudio A. Capone Director of Planning	
Contact person's street mailing address	100 Grand Street New Britain, CT 06050	
Contact person's phone #, fax # and e-mail address	(phn) (860) 224-5279 (fax) (860) 224-5740 ccapone@nbgh.org	

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Renovation and Relocation of the Total Joint Rehabilitation Unit at New Britain General Hospital

b. Type of Proposal, please check all that apply:

☒ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

- | | | |
|--|--|--|
| <input type="checkbox"/> New (F, S, Fnc) | <input type="checkbox"/> Replacement | <input type="checkbox"/> Additional (F, S, Fnc) |
| <input type="checkbox"/> Expansion (F, S, Fnc) | <input checked="" type="checkbox"/> Relocation | <input type="checkbox"/> Service Termination |
| <input type="checkbox"/> Bed Addition | <input type="checkbox"/> Bed Reduction | <input type="checkbox"/> Change in Ownership/Control |

☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☒ Project expenditure/cost greater than \$ 1,000,000

☐ Equipment Acquisition greater than \$ 400,000

- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> New | <input type="checkbox"/> Replacement | <input type="checkbox"/> Major Medical |
| <input type="checkbox"/> Imaging | <input type="checkbox"/> Linear Accelerator | |

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

100 Grand Street, New Britain, CT

d. List all the municipalities this project is intended to serve: New Britain, Berlin, Plainville, Southington, Burlington, Bristol, Cheshire, Cromwell, Farmington, Meriden, Newington and West Hartford.

e. Estimated starting date for the project: February 2006

- f. Type of project: 10, 31 (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure: \$ 2,300,000
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$1,950,000
Medical Equipment (Purchase)	200,000
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	100,000
Sales Tax	
Delivery & Installation	50,000
Total Capital Expenditure	\$2,300,000
Fair Market Value of Leased Equipment	
Total Capital Cost	\$2,300,000

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity
 ☐ Lease Financing
 ☐ Conventional Loan
☐ Charitable Contributions
 ☐ CHEFA Financing
 ☐ Grant Funding
☐ Funded Depreciation
 ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

- Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
- What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
- Who is the current population served and who is the target population to be served?
- Identify any unmet need and how this project will fulfill that need.
- Are there any similar existing service providers in the proposed geographic area?
- What is the effect of this project on the health care delivery system in the State of Connecticut?
- Who will be responsible for providing the service?
- Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following:
(Please check all that apply)

- ☐ This request is for Replacement Equipment.
 - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: _____.
 - ☐ The cost of the equipment is not to exceed \$2,000,000.
 - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

AFFIDAVIT

Applicant: New Britain General Hospital

Project Title: Renovation and Relocation of the Total Joint Rehabilitation Unit at New Britain General Hospital

I, Clarence J. Silvia, COO
(Name) (Position – CEO or CFO)

of New Britain General Hospital being duly sworn, depose and state that the information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to the best of my knowledge, and that New Britain General Hospital complies with the appropriate and
(Facility Name)

applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Clarence J. Silvia
Signature

11/8/05
Date

Subscribed and sworn to before me on 11/8/05

Joyce M. Hawrylik
Notary Public/Commissioner of Superior Court

My commission expires: JOYCE M. HAWRYLIK
NOTARY PUBLIC
MY COMMISSION EXPIRES DEC. 31, 2009

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

ATTACHMENT A

PROJECT DESCRIPTION

**NEW BRITAIN GENERAL HOSPITAL
LETTER OF INTENT
RENOVATION AND RELOCATION OF THE TOTAL JOINT REHABILITATION UNIT**

PROJECT DESCRIPTION

Introduction

In this Letter, New Britain General Hospital is announcing its proposal to renovate the W-2 patient unit in order to relocate the existing Total Joint Rehabilitation Program.

Proposed Renovation and Relocation

New Britain General Hospital has provided joint replacement surgery for many years. The Hospital has greatly enhanced its clinical program recently with comprehensive pre and post-operative services, transforming the Total Joint Rehabilitation Program into one of the Hospital's Centers of Excellence. The Center offers a comprehensive program of seminars, patient education, and post-operative physical therapy. Through its education component, patients will have a better understanding of the procedure they are having and what options are available. Post operative care has been standardized so that it provides total support for recovery. In its current location on N-5, the program shares space with Med/Surg patient beds. The physical therapy and education space is limited. The Hospital plans to address these issues by renovating an existing unit used for overflow patients. The renovation is necessary since it does not meet current ADA standards and its layout is not conducive to including a physical therapy and seminar spaces. The construction will have minimal impact of the delivery of care on the unit slated for renovation. During the renovation, the Hospital will continue to operate its Total Rehabilitation Program. Upon completion of this project, New Britain General Hospital will have twelve patient beds with one of them setup as an isolation room. There will also be a larger therapy room and an activity room. This renovated space will help to ensure the success of the Total Joint Rehabilitation Program's management of the care it provides.

New Britain General Hospital will fund this project through its own equity.

Conclusion

This proposal will have no adverse affect on the delivery of care as well as no significant impact on rates or patient charges. We respectfully request a waiver by the Office of Health Care Access on the renovation of the W-2 patient unit and the relocation of the Total Joint Rehabilitation Program into that space.

Supplemental Information:

- 1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.**

New Britain General Hospital is licensed as an acute care hospital. It offers a broad range of acute care services in the inpatient and outpatient settings.

A copy of the Department of Public Health license held by this facility is presented in Attachment B.

2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?

No change in the services offered at this facility is proposed in this application.

In this proposal, the Applicant is seeking to renovate an existing inpatient unit W-2 to meet current ADA standards. The existing W-2 overflow bed unit is being gutted to the columns so we may build an efficient, more highly functioning and ADA code compliant 12 bed unit servicing total joint replacement patients. All rooms and adjacent bathrooms will be accessible with proper turn arounds, fixture heights and clearances to the pull side of every door. Our current unit has bathrooms adjacent to every patient room but the door widths are only 32", there is no 60" turn around and we have far less then 18" to the approach swing side of the door, all of these factors severely limit use of the rooms by a wheelchair bound patient. Not to mention that many patients require assistance with transfer from wheelchair to toilet and there is not room for a nurse to assist in our present conditions. Within the existing patient rooms the sink casework prohibits wheelchair patients from easily accessing the fixture controls. Many door widths to medication rooms and utility rooms within the unit are only 24" wide. By renovating the unit to code compliance we will be setting a benchmark for all future renovation work to give our patients and staff the accessibility they should expect in a hospital environment.

Following this renovation, we will be relocating our existing Total Joint Rehabilitation program from its current location on N-5 to the new space on W-2. N-5 will continue to be a Med/Surg floor with the existing rehab area converted back to inpatient beds to accommodate the beds from W-2.

No new DPH licensure categories are being sought.

3. Who is the current population served and who is the target population to be served?

New Britain General Hospital currently receives nearly 80% of its volume from the towns of New Britain, Berlin, Newington, Southington and Plainville. The remainder of the patients originates from the secondary service area comprised of the towns of Farmington, Burlington, Bristol, Cromwell, West Hartford, Meriden and Cheshire. There will be no change in the population served.

4. Identify any unmet need and how this project will fulfill that need.

The purpose of this project is to renovate an existing nursing unit to fully comply with current ADA standards. In addition, we plan to relocate our Total Joint Rehabilitation Program into this renovated unit. With some of the patients served by the Total Joint Program requiring wheelchairs or crutches, the new ADA compliant unit will improve accessibility. Please see the Project Description for additional information.

5. Are there any similar existing service providers in the proposed geographic area?

Since New Britain General Hospital is currently a provider in this area, this proposal is not expected to have a significant impact on the patient volumes, financial stability or the quality of care offered by the other providers of service.

6. What is the effect of this project on the healthcare delivery system in the State of Connecticut?

This proposal is projected to improve the delivery of orthopedic care in central Connecticut. The renovated unit will be ADA compliant, aesthetically pleasing and offer an expanded rehabilitation center.

7. Who will be responsible for providing the service?

New Britain General Hospital will continue to provide this service.

8. Who are the payers of this service?

The payor sources for services rendered at the renovated Total Joint Rehabilitation Center will be the same as they are today, as payer mix is not expected to be impacted by the facility project.

ATTACHMENT B

DPH LICENSE

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0052

General Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

New Britain General Hospital of New Britain, CT, d/b/a New Britain General Hospital is hereby licensed to maintain and operate a General Hospital.

New Britain General Hospital is located at 100 Grand Street, New Britain, CT 06050

The maximum number of beds shall not exceed at any time:

32 Bassinets

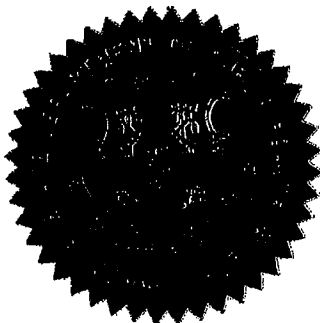
330 General Hospital beds

This license expires **December 31, 2006** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, January 1, 2005. RENEWAL.

Satellites

Older Adult Program, 33 Highland Street, New Britain, CT
Hispanic Counseling Center, 24 Whiting Street, New Britain, CT
New Britain General Hospital Counseling Center, 50 Griswold Street, New Britain, CT
Substance Abuse Services, 33 Highland Street, New Britain, CT
Kensington Primary Care, 320 New Britain Road, Kensington, CT



J. Robert Galvin M.D., M.P.H.

J. Robert Galvin, M.D., M.P.H.,
Commissioner